	PLEASE TYPE OR PRINT	Entered previous May Show				
		(Eyes □ no				
	☐ Ms.					
	Mr. Artist GEORGE	KOZMON JR				
	Permanent	(Last Name Last)				
	Address 3602 SEVE	ERMRO. CLEV. HTS Off				
	Street	City				
	44/18 Tel. (2	216) 321-8508 City				
	Zip Area Co	ode				
1	Temporary or					
	Studio Address					
	Street	City				
	Tel. (
	Zip Area Co	ode				
If you do not presently live in one of the counties of the						
	Western Reserve, which cou					
		mey word you boin in:				
	Collaborator					
	(If Any)					
If May Show entries are not accepted or not sold:						
	Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address:					

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Deorge Kozmon Dr

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Deorge Kramon Ch

> DO NOT DETACH

	□ 4. 8	Paintings	rafts	i 3. Ph	otography
	Materials Co	NTE CRAYO	Ú		
	LEA .				
,	Title MPRESSIC	OUS: SERIE	SI	工井	4
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	Additional No. For Sale	Total No. in Edi		Price Unframed	Price of Frame
	ACCEPTED	DO NOT WRITE IN 1	THIS SEC	CTION	ACCEPTED
		117		/_ \ -	<u> </u>
	REJECTED	112		211	REJECTED
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